## Permit for Connection to Sanitary Sewer System Clear Creek Conservancy District

## P.O. Box 286

Greencastle, IN 46135

I.	Subdivision	Lot Number
Build	der's Name	
	er access fee billing information:	
Own	er's Name	
	Owner's Phone Number:	
Sew		k No for \$
****	************	***************
II.	Sewer Contractor's Name	
Sewe	er Contractor's Telephone ( )	
Appr	roved by Conservancy District Y/N	
Insur	ance on File Y/N	
***	*********	***********
To be	completed by District:	
III.	Sewer Connection Fee Paid: Y	/ N
	Inspected by	Date
	Notified Billing Dept.	(date)
	Copy of permit to owner	(date)
***	*********	************
NOT	ES: Sewer connect fee must be paid and permit received by district at least three days' prior to hooking up.	
Parts	s I. And II. To be completed by builder/h	0 1

## **NOTICE:** The monthly sewer access fee starts the date connection is made.

The owner listed above will be billed at a rate of \$27.00 per month.

## **Instructions for connecting to sanitary sewer:**

Fill out this form and mail with sewer connect fee check to: Clear Creek Conservancy District, P.O. Box 286, Greencastle, IN 46135. Refer billing questions to 765-246-6585.

Once payment is made, homeowner or sewer contractor must call 765-246-6752 <u>no less than three days</u> in advance of hookup to schedule a time for inspection. All connections must be inspected by the district.

Your sewer contractor must have provided a Certificate of Liability Insurance listing <u>Clear Creek</u> <u>Conservancy District</u> as an "additional insured" on file with the District.